

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Yuma  
District of \_\_\_\_\_  
Town of Hayden  
or \_\_\_\_\_  
City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 203  
County Registrar No. \_\_\_\_\_  
Local Registrar No. 57

2. Full name of child Paulita Susman No. \_\_\_\_\_ (If birth occurred in a hospital or institution, give its NAME instead of street and number)  
St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other. \_\_\_\_\_ 5. No., in order of birth. \_\_\_\_\_ 6. Legitimate? Yes 7. Date of birth June 28 1925  
Month Day Year

8. FATHER  
Full name Francisco Susman

9. Residence Hayden  
(Usual place of abode)  
If non-resident, give place and state. Arizona

10. Color or race Mexican

11. Age at last birthday 25 (Years)

12. Birthplace (city or place) Tlalisco  
(State or country) Mexico

13. Occupation laborer  
Nature of industry Copper Mill

14. MOTHER  
Full maiden name Maria Panco

15. Residence Hayden  
(Usual place of abode)  
If non-resident, give place and state. Arizona

16. Color or race Mexican

17. Age at last birthday 21 (Years)

18. Birthplace (city or place) Charros  
(State or country) Tlalisco

19. Occupation House Wife  
Nature of industry \_\_\_\_\_

20. Number of children of this mother \_\_\_\_\_  
(Taken as of time of birth of child herein certified and including this child.)  
(a) Born alive and now living 2  
(b) Born alive but now dead 0  
(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 4:00 p. m. on the date above stated  
(Born alive or stillborn)

\* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Charles R. Hurst, M.D.  
(Physician or midwife)  
Address Hayden Arizona

Given name added from a supplemental report \_\_\_\_\_  
Month, day, year \_\_\_\_\_

Filed June 30, 1925 W.D.T. Jueh  
Local Registrar.

Registrar

Filed \_\_\_\_\_, 19\_\_\_\_  
County Registrar.

775-628-460